

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-579)**

SERIAL NO.
091339430
APPLICANT(S)

FILING DATE
6-24-99

CLAIMS

	AS FILED		AFTER 1 ST ALLOWMENT		AFTER 2 ND ALLOWMENT	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
1	1					
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48		1				
49		1				
50		1				
TOTAL WFO.	14					
TOTAL DEF.		15				

	WFO.		DEF.		WFO.		DEF.	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
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TOTAL DEF.								

BEST AVAILABLE COPY